

Part A, Permit Process --- Internal Checklist

ID Number MOD007152903 Firm Name Litton Systems Inc., AdvancedCircuitry Div.PHASE ONE

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		Valid Prm/g Date?
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	✓		
3	Form 1 received?	✓		
1	Form 3 received?	✓		
1 & 3	Postmarked on or before November 19, 1980?	✓		
3	Date of operation entered?	✓		
3	Date of operation on or before November 19, 1980?	✓		
Notif. record	Notifier?	✓		
"	Notified on or before August 18, 1980?	✓		
1	Form 1, XIII B signed?	✓		
3	Form 3, IX B Signed?	✓		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

DEC 17 1980PHASE TWO

1 Unsure if regulated or non-regulated? _____

3 New facility? _____

1 & 3 Core items missing? If Yes, indicate which items:
 Facility name____; location____; mail address____; operator info____;
 certification____; process info____; waste info____; owner____; sigs____.

PHASE THREE

1 & 3 Non-core items missing? If Yes, indicate which items:
 Maps____; photos____; drawings____; lat/long____.
 Other observations and comments:



R00337263

RCRA RECORDS CENTER

DATE SENT BACK 4/23 + 4/30 - 7/1DATE RETURNED 4/30 5/6 - 7/13

Received Date Stamp

NOV 19 1980

(Stamp forms also)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. BOX 15606
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received:
(1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

MOD007152903
LITTON SYSTEMS INC ADD
4811 W KEARNEY
SPRINGFIELD

FACILITY ADDRESS

65803

FORM 1		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY		I. EPA I.D. NUMBER	
GENERAL		GENERAL INFORMATION		Consolidated Permits Program		(Read the "General Instructions" before starting.)	
LABEL ITEMS		I. EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION		II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY		IV. FACILITY CONTACT	
MOD007152903		LITTON SYSTEMS INC		PO BOX 2847		SPRINGFIELD, MO 65803	
4811 W KEARNEY		SPRINGFIELD, MO 65803		INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		GENERAL INSTRUCTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) IS UNAVAILABLE		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		III. NAME OF FACILITY		IV. FACILITY CONTACT	
LITTON SYSTEMS INC, ADVANCED CIRCUITRY DIVISION		DOW JAMES K FACILITIES MANAGER		A. STREET OR P.O. BOX		B. CITY OR TOWN	
PO BOX 2847		SPRINGFIELD		C. STATE		D. ZIP CODE	
MO		65803		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	
4811 W KEARNEY		GREENE		C. CITY OR TOWN		D. STATE	
SPRINGFIELD		MO		E. ZIP CODE		F. COUNTY CODE (if known)	
65803		65803					

VIII. OPERATOR INFORMATION

X. EXISTING ENVIRONMENTAL PERMITS

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Production of Printed Circuit Boards

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY	
C	

FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER													
			S	F	M	O	D	0	0	7	1	5	2	9	0	3

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				
<div><div></div><div></div><div></div><div></div><div></div></div>					<div><div></div><div></div><div></div><div></div><div></div></div>									

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP										T/A	C	1													
1	2											13	14	15											
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)								1. AMOUNT					2. UNIT OF MEASURE (enter code)					
X-1	S 0 2	600					G						5												
X-2	T 0 3	20					E						6												
1	S 0 4	8.4 x 10 ⁶					G						7												
2													8												
3													9												
4													10												

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
S													S														
T/A C													T/A C														
W													W														
M 0 D 0 0 7 1 5 2 9 0 3													DUP														
13 14 15													1 2 13 14 15 23 - 26														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)																							
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																							
1	F 0 0 6	363	M	S 0 4																							
2	F 0 0 7																										
3	F 0 0 8																										
4	F 0 0 9																										
5																											
6																											
7																											
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23																											
24																											
25																											
26																											

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	M	O	D	0	0	7	1	5	6	9	0	3	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

3	7	1	4	4	3	N
65	66	67	68	69	70	71

0	9	3	2	2	4	2	W
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

C	E	15	16	55	56	57	58	59	60	61	62	63	64	65
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3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	15	16	45	46	47	48	49	50	51	52	53	54
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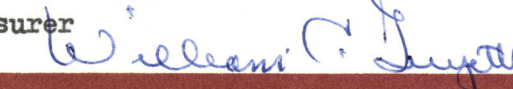
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Mr. William Guyette, Assistant Treasurer
Litton Systems, Inc.

B. SIGNATURE



C. DATE SIGNED

10/15/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

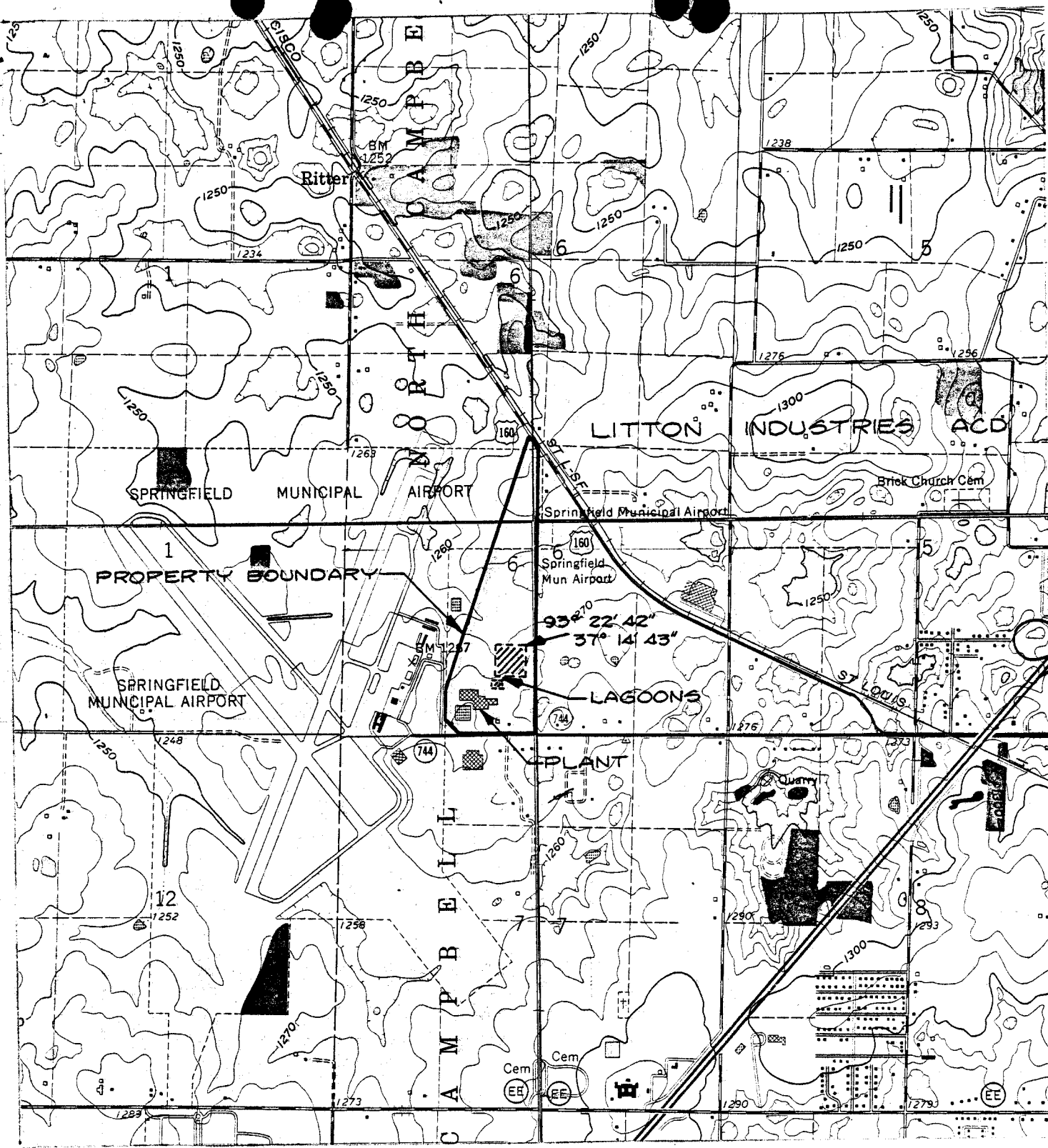
Mr. William Guyette, President
Advanced Circuitry Division

B. SIGNATURE



C. DATE SIGNED

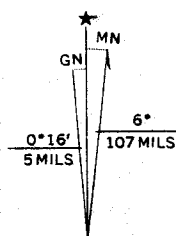
10/15/80



USGS MAPS

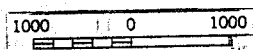
BROOKLINE, MO.
EBENEZER, MO.
SPRINGFIELD, MO.
WILLARD, MO.

LOCATION MAP
LITTON INDUSTRIES A.C.D.
SPRINGFIELD, MISSOURI



UTM GRID AND 1975 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

SCALE 1:24 000



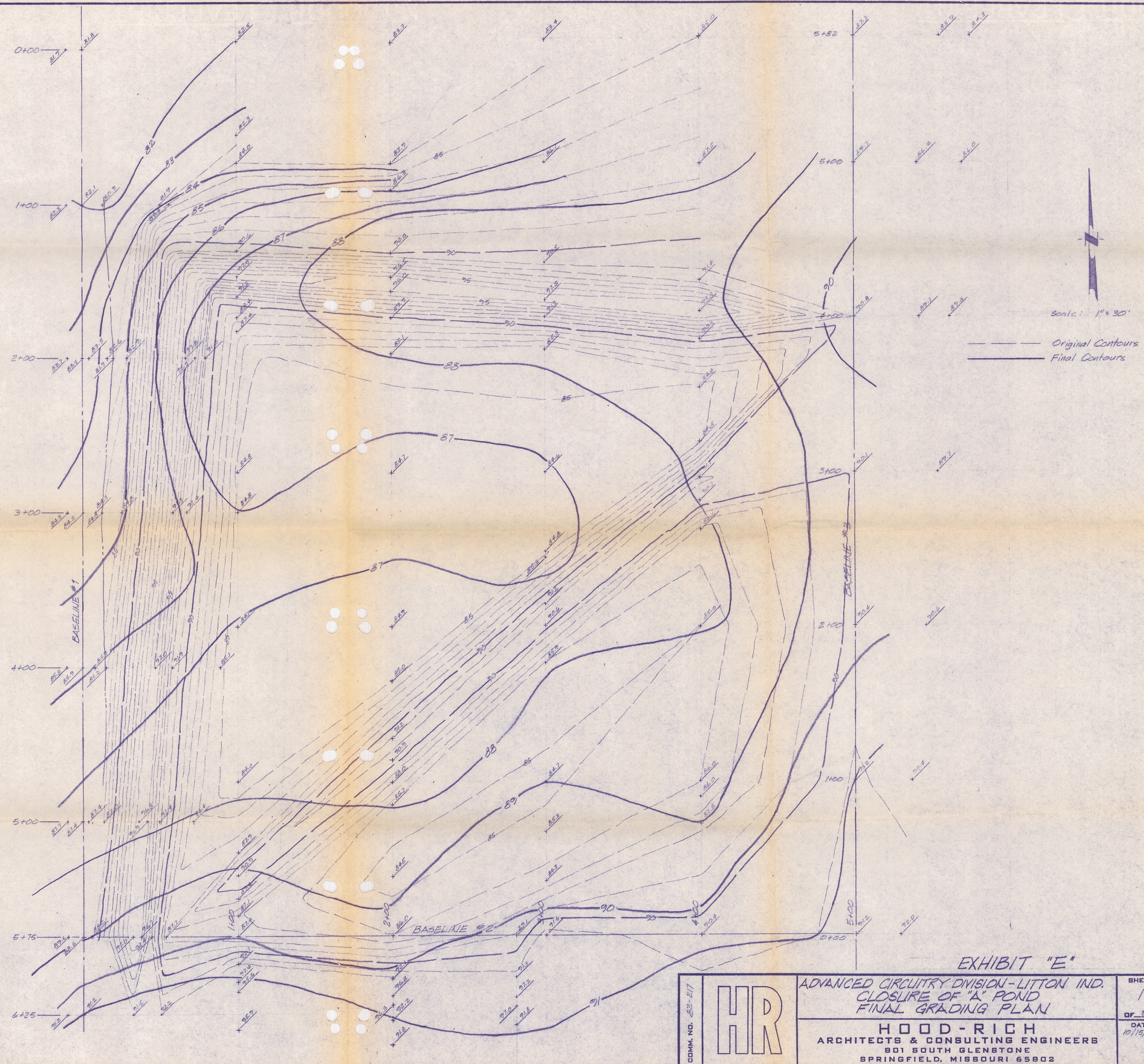


EXHIBIT "E"

COMM. NO. 52-217 HR	ADVANCED CIRCUITRY DIVISION-LITTON IND. CLOSURE OF "A" POND FINAL GRADING PLAN		SHEET 1
	HOOD-RICH ARCHITECTS & CONSULTING ENGINEERS 801 SOUTH GLENSTONE SPRINGFIELD, MISSOURI 65802		DATE 10/13/82

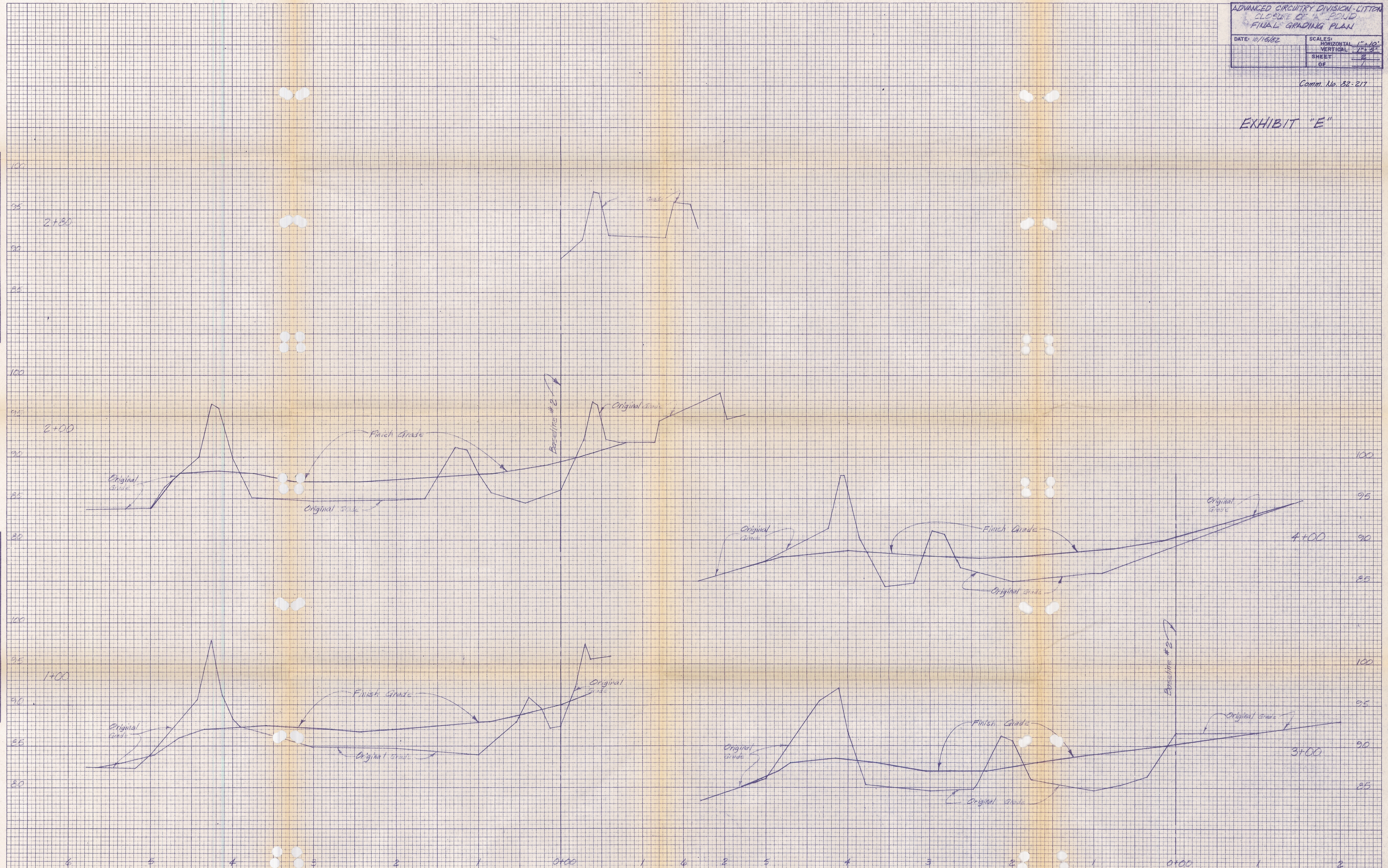
ADVANCED CIRCUITRY DIVISION-LITTON	
CLOSURE OF A POND	
FINAL GRADING PLAN	
DATE: 10/15/82	SCALES: HORIZONTAL 1"=10'
	VERTICAL 1"=5'
	SHEET 2
	OF 7

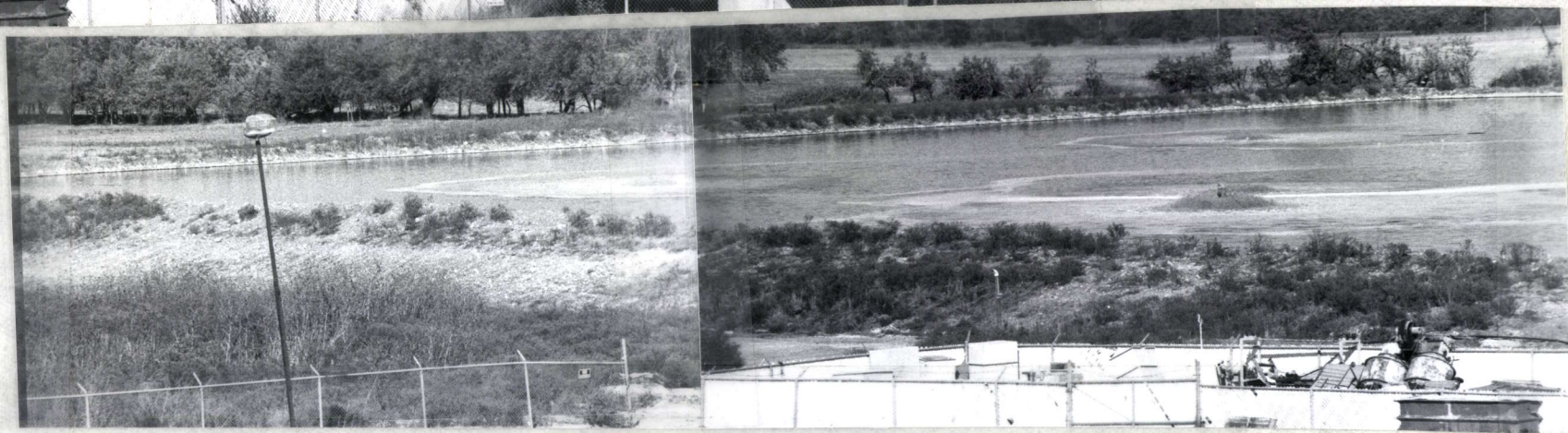
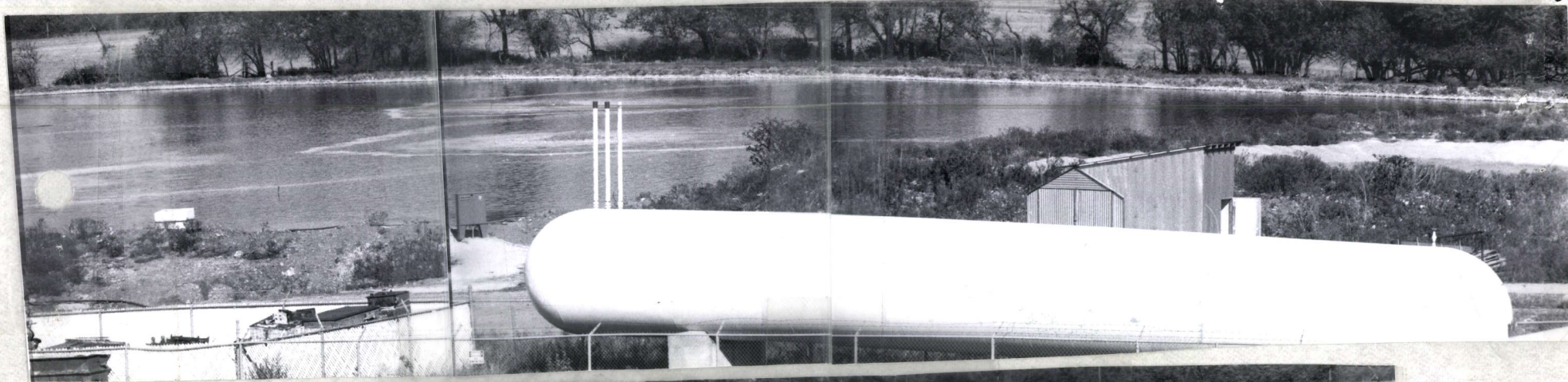
Comm. No. 52-217

EXHIBIT "E"

FINAL SURVEY	DATE
SURVEYED	BY
NOTE BOOK	
TEMPLATE	
AREAS	
CHECKED	

ORIGINAL SURVEY	DATE
SURVEYED	BY
NOTE BOOK	
TEMPLATE	
AREAS	
CHECKED	





LAGOON

LITTON SYSTEMS, INC.
ADVANCED CIRCUITRY DIVISION
P.O. BOX 2847
SPRINGFIELD, MISSOURI 65803

James Dow, Facilities Manager



CERTIFIED

P04 8836999

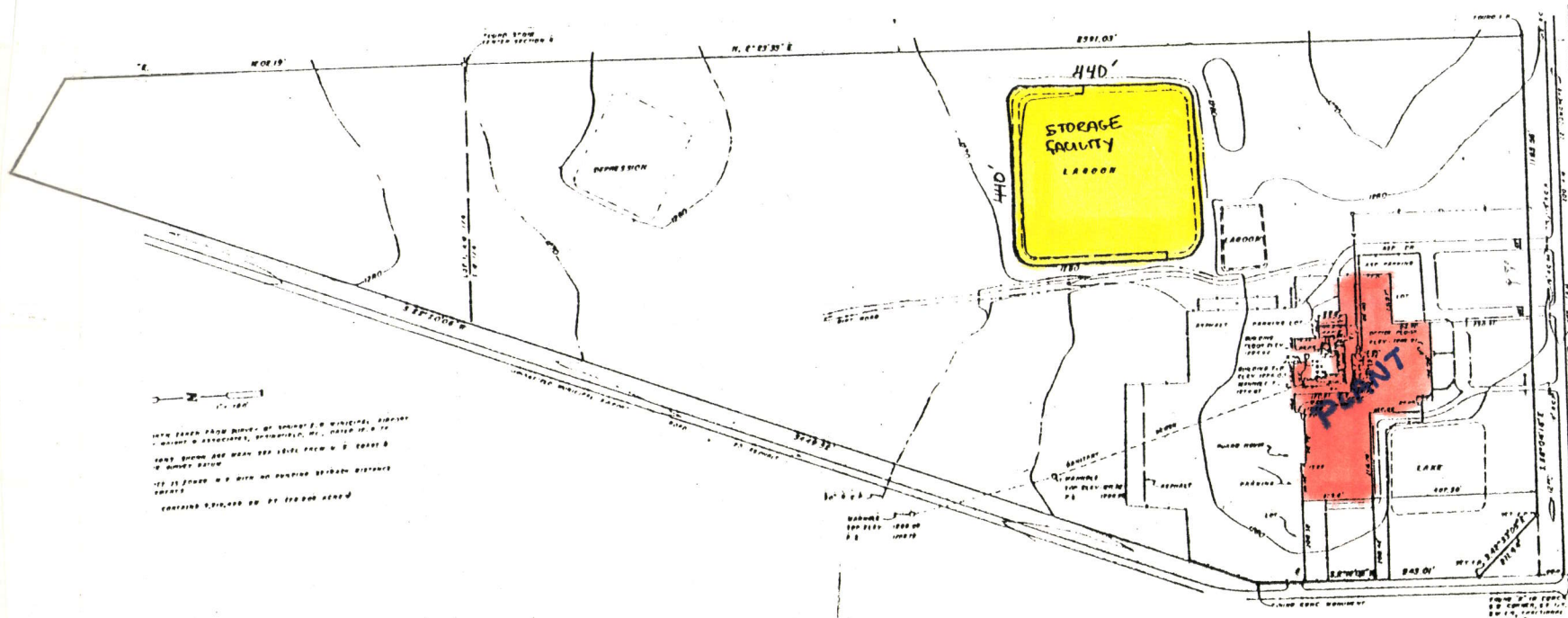
MAIL

EPA Region VII
P.O. Box 15606
Kansas City, MO 64106

CERTIFIED - RETURN RECEIPT REQUESTED

Continued from page 4.

V. FACILITY DRAWING (see page 4)



1. THIS DRAWING IS A PART OF THE SURVEY OF THE SPRINGFIELD, MASS. MUNICIPALITY, AND IS NOT TO BE USED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN PERMISSION OF THE SPRINGFIELD, MASS. MUNICIPALITY.

LEGAL DESCRIPTION

THESE ARE THE SEVERAL LOTS OF THE SURVEY OF THE SPRINGFIELD, MASS. MUNICIPALITY, AND ARE NOT TO BE USED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN PERMISSION OF THE SPRINGFIELD, MASS. MUNICIPALITY.

DRAWN BY: [Signature]

DATE: [Signature]

LITTON INDUSTRIES, A.C.D.
SPRINGFIELD, MA
BOUNDARY & TOPOGRAPHIC SURVEY
THOMAS HEARRE
REGISTERED LAND SURVEYOR
SPRINGFIELD, MA



ADVANCED CIRCUITRY

P. O. Box 2847, Commercial Station, Springfield, Mo. 65803 417 862-0751

July 8, 1981

MOD007152903

Part A

United States Environmental
Protection Agency
Region VII
P.O. Box 15606
Kansas City, Missouri 64106

RE: Hazardous Waste Permit Application
Item Number III - B, 1

Sir:

Per a phone conversation with Mr. Bill Lewis this date, he advised the unit of measure on the application is correct. Enclosed please find the Hazardous Waste Permit Application.

If you have any further questions, please do not hesitate to call.

Very truly yours,

James K. Dow
James K. Dow, P.E.
Facilities Manager
Litton ACD
1-417-862-0751

JKD/cm
Enclosure

JUL 10 1981